

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29501

FILED  
May 04, 2009  
Secretary of State

Entity Name: TAMPA BAY SURGERY ASSOCIATES, INC.

**Current Principal Place of Business:**

11811 N. DALE MABRY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11811 N. DALE MABRY  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3188837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSEN, JAY L M.D.  
11811 N. DALE MABRY  
TAMPA, FL, FL 336183505 US

**Name and Address of New Registered Agent:**

ROSEN, JAY L M.D.  
11811 N. DALE MABRY  
TAMPA, FL 336183505 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAY L ROSEN, M.D.      05/04/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PERICH, LARRY, D.O.  
Address: 17906 CRAWLEY RD.  
City-St-Zip: ODESSA, FL

Title: D ( ) Delete  
Name: MCCLIMANS, FRED DO  
Address: 11809 NORTH DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: BUSCEMI, MICHAEL, D.O.  
Address: 13410 GOLF CREST WAY  
City-St-Zip: TAMPA, FL

Title: CEO ( ) Delete  
Name: ROSEN, JAY L M.D.  
Address: 11811 NORTH DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY L ROSEN, M.D.      CEO      05/04/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date